

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable

Form (CRF)?:

Number of copies of CRF::

Title:: ASH REACTIVATION

Attorney Docket Number:: 228-082/HRH

Request for Early

Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canadian

Status:: Full Capacity

Given Name:: OLEV

Middle Name::

Family Name:: TRASS

Name Suffix:: DR.

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 4 Conrad Avenue

City of mailing address:: Toronto

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: M6G 3G5

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canadian

Status:: Full Capacity

Given Name:: EDUARDO

Middle Name::

Family Name:: GANDOLFI

Name Suffix:: MR.

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 46 Harrington Crescent.

City of mailing address:: Toronto

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: M2M 2Y5

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canadian

2025-06-20 10:20:20

Status:: Full Capacity

Given Name:: EDWARD
Middle Name:: JOHN
Family Name:: ANTHONY
Name Suffix:: MR.
City of Residence:: Ottawa
State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 256 2nd Avenue
City of mailing address:: Ottawa
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: K1S 2H9

Correspondence Information

Correspondence Customer
Number:: 001059
Phone Number:: 416-957-1691
Fax Number:: (416) 361-1398
E-Mail Address:: rhart@bereskinparr.com

Representative Information

Representative

Customer Number:: 001059

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::